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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
J. D. DUNSHEE, M.D., Director

Weekly Bulletin

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*Plague as a Health Menace**

A Radio Talk by W. H. KELLOGG, M.D., Chief, Bureau of Laboratories

During the last thirty years more discoveries have been made in the domain of preventive medicine than in all the previous history of the human race. One of the profitable accomplishments of this period is the unraveling of the mystery of that age-old pestilence, bubonic plague. Most of you are familiar with the historical eqidemic of the Middle Ages called the Black Death. It is said that during one century more than 25,000,000 people died of plague, a quarter of the entire population. The Great Plague of London in 1665 so graphically described by DeFoe in his book, "The Plague Year," is typical of the epidemics of that period, but which, fortunately for us and due to the knowledge our health officers now have, are no longer to be feared. Only in those portions of the world where ignorance and superstition rule and where an enlightened public opinion is lacking to support a trained health personnel is plague much of a menace at the present time. But it is necessary to still be on guard and particularly in this region as you will see when I relate some of the essential facts regarding this historic disease.

Plague, judging by the references in history, has been known longer than most any other disease. It differs from other epidemic diseases in its tenacity and in the tremendously long cycles of its rise and fall. The Great Plague of London in 1665 was the last severe epidemic in Western Europe, crowning as it did an almost continuous presence of 136 years. Gradually it receded from West to East until it was present only in southeastern Europe, and finally, about 200 years ago, was to be found only in certain districts of Asia. It is the nature of plague to lie dormant for many years in certain foci of infection. In these places it exists as a disease of some wild rodent of ground hog or squirrel type; for plague is primarily a disease of rodents and only secondarily one of man. These foci, from which plague emerges from time to time, have been known to exist in Arabia, in Thibet, in the interior of China and in Africa. The Western world had almost forgotten its existance when in 1894 it emerged from its hiding place in China, an epidemic occurred in Hongkong, it soon spread to India, and then all over the world, reaching California in 1900. During this world spread, called a pandemic, a new focus was established in Manchuria among the marmots, which are native animals like our ground hog and which are hunted for their fur. From this focus in 1910 the Manchurian epidemic broke out and 50,000 deaths resulted within a short time.

In 1904 plague was discovered among the ground squirrels of one of our coastal counties, since which time it has been continuously present, and this last summer it was found by the field staff and laboratory of the State Department of Health in three new counties, making nineteen in all.

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* Part of a general broadcast on public health at annual meeting of the American Public Health Association, Pasadena, Sept. 3–6, 1934.

Now, just what does this squirrel infection mean to us? It means that another world focus has been established, this time not in Asia but in America. It means that we have another responsibility; that of protecting the people against an extension of the disease through the rats of our cities, which is the way plague travels. It means that people must demand a war on the ground squirrel by their health officials and boards of supervisors, and people owning land must personally carry on this war of extermination.

The way by which plague spreads was discovered in the late nineties through contributions from several scientists, beginning with the discovery of the bacillus causing it by Yersin, a Frenchman, and Kitasato, a Japanese bacteriologist, simultaneously. It is now known that while plague is a disease of rodents such as rats and squirrels, it is carried from animal to animal and from animal to man by fleas. The flea, biting an infected rodent, takes up the bacilli with the blood. When the rodent dies the fleas seek a new host. If the new host is a person, a case of human plague results. This, then, is the secret of the world-wide spread of plague. In some outlying district of China rats of the human settlement picked up plague by association with the wild rodent carriers. Rats are great travelers and they were the means of its spread by ships to all parts of the world. Our problem then—and this is a responsibility of all the people as well as their health departments—is to wage a relentless war of extermination on both ground squirrels and rats. A city with proper building ordinances, enforcing ratproof construction, using proper ratproof garbage cans, and with an efficient corps of inspectors for enforcement will never have a serious plague epidemic. Efficient suppression of ground squirrels on waste lands as well as in cultivated districts will prevent plague reaching the rats of the cities as well as prevent the occasional sporadic cases of human plague that occur from time to time in all infected areas. All this costs money, it is true, but that health is wealth no one can deny, and money spent for the maintenance of adequate, trained, full-time health personnel is more wisely spent than for any other purpose, not even excepting education, fire and police protection.

We are paying fifty times as much for education in the three R's as for health work.—Louis I. Dublin (1928).

MANY HIGHWAY EATING PLACES INSPECTED

During the month of August, food supply places, soft drink stands and service stations along California highways were inspected by the Bureau of Sanitary Inspections, with results as follows:

U. S. Highway 99 through Fresno County from the Kings County line to the Madera County line:

Food supply places inspected	44
Conditions satisfactory	19
Minor defects	19
Insanitary conditions	6
Service stations inspected	6
Conditions satisfactory	3
Minor defects	2
Insanitary conditions	1

U. S. Highway 99 through Madera County from the Fresno County line to the Merced County line:

Food supply places inspected	15
Conditions satisfactory	10
Minor defects	4
Insanitary conditions	1
Service stations inspected	5
Conditions satisfactory	3
Minor defects	2
Insanitary conditions	0

U. S. Highway 99 through Merced County from the Madera County line to the Stanislaus County line:

Food supply places inspected	41
Conditions satisfactory	18
Minor defects	16
Insanitary conditions	7
Service stations inspected	15
Conditions satisfactory	8
Minor defects	6
Insanitary conditions	1

U. S. Highway 99, City of Merced:

Food supply places inspected	15
Conditions satisfactory	10
Minor defects	4
Insanitary conditions	1

Pacheco Pass Highway through Merced County from Madera County to Santa Clara County line:

Food supply places inspected	4
Conditions satisfactory	3
Minor defects	1
Service stations inspected	3
Conditions satisfactory	3

Los Banos Highway through Merced County from Los Banos to Stanislaus County line:

Food supply places inspected	6
Conditions satisfactory	4
Minor defects	1
Insanitary conditions	1

Slough House Road through Amador County from the Sacramento County line to Jackson:

Food supply places inspected	19
Conditions satisfactory	10
Minor defects	7
Insanitary conditions	2
Service stations inspected	8
Conditions satisfactory	5
Minor defects	2
Insanitary conditions	1

Miscellaneous food supply places situated along various highways:

Food supply places inspected	58
Conditions satisfactory	30
Minor defects	19
Insanitary conditions	9

Santa Cruz-Watsonville Highway, Santa Cruz city limits to Watsonville city limits:

Food supply places inspected	38
Conditions satisfactory	20
Minor defects	16
Insanitary conditions	2
Service stations inspected	11
Conditions satisfactory	6
Minor defects	3
Insanitary conditions	2
Insanitary railroad stations	1

Santa Cruz and Los Gatos Highway, Santa Cruz city limits to Santa Clara County line:

Food supply places inspected	11
Conditions satisfactory	7
Minor defects	4
Vacated	1

San Lorenzo Drive, Santa Cruz city limits to limits of Big Basin, Redwood Park:

Food supply places inspected	42
Conditions satisfactory	23
Minor defects	11
Insanitary conditions	8
Service stations inspected	3
Conditions satisfactory	1
Minor defects	2

Redwood Highway 101, Sausalito city limts to Petaluma city limits:

Food supply places inspected	21
Conditions satisfactory	18
Minor defects	2
Insanitary conditions	1
Service stations inspected	3
Conditions satisfactory	3

Napa City cutoff from 101 highway:

Food supply places inspected	5
Conditions satisfactory	4
Insanitary conditions	1

Miscellaneous roadside stands inspected	29
Conditions satisfactory	14
Minor defects	3

Miscellaneous service stations inspected	22
Conditions satisfactory	5
Minor defects	7

Summary

Total food supply places inspected	338
Conditions satisfactory	190
Minor defects	108
Insanitary conditions	39

Total service stations inspected	76
Conditions satisfactory	37
Minor defects	24
Insanitary conditions	6

Our chief enemies at present are heart disease, cancer, pneumonia, tuberculosis and syphilis. If the full facts were known, as Dr. Osler said, syphilis would probably come first. Syphilis is the biggest killing disease in the community. It and tuberculosis are undoubtedly the greatest present contributors to the total mortality prior to the approach of old age. By the removal of tuberculosis and syphilis, most of the preventable deaths from the age of 15 to 65 would be avoided.—Sir Arthur Newsholme, M.D.

CALIFORNIA CITIES MAINTAIN LOW INFANT MORTALITY RATES

As usual, California cities in 1933 maintained their records for having the lowest infant mortality rates of any cities in the country. Among cities having populations of 50,000 to 100,000, Berkeley, with a rate of 21, shares honors with Newton, Massachusetts. San Jose, in the same population classification, had the second lowest rate—23. Among cities having populations of 100,000 to 250,000, Long Beach was second, with a rate of 35. Among cities having populations over 250,000, Oakland was second, with a rate of 38. The Oakland record was bettered only by Portland, Oregon, 33. Seattle, Washington, shared honors with Oakland in maintaining a rate of 38. There is significance in the fact that all three of these large cities are on the Pacific coast. Portland, for several years, has maintained the lowest infant mortality rate among the larger cities. Berkeley, for many years, has maintained the lead among cities of the United States having populations between 50,000 and 100,000.

The American Child Health Association, in announcing these records, states that "in appraising these rates it must be borne in mind that they are crude and not corrected rates. That is, they are based on the births and deaths reported as occurring in a city. The city with inadequate hospital accommodations uses the hospitals in adjacent areas. Births and deaths occurring in hospitals are charged to the city in which the hospitals are located, and not to the city in which the people live who come to the hospitals. A truer picture is obtained from the corrected rate in which births and deaths are reclassified on the basis of residence. It is hoped that ultimately all vital statistics data will be corrected for residence."

The records made by these California cities are conspicuous when it is taken into consideration that the infant mortality rate for the 985 cities of the birth registration area is 57.1. The Berkeley infant mortality rate was almost one-third that for cities of the registration area. It is recognized that the infant mortality rate has resulted from a number of causes, such as the social and economic status, family customs characteristics of different races and nationality groups, climatic conditions, the extent of modern medical service provided, as well as the extent and character of public health effort. It is certain, however, that these rates are dependent to a large extent upon the efforts expended in preventive medicine and public health.

He sleeps well who knows not that he sleeps ill.—Maxim.

MORBIDITY

Complete Reports for Following Diseases for Week Ending September 15, 1934.

Chickenpox

44 cases of chickenpox have been reported, as follows: Berkeley 2, Oakland 6, Fresno County 1, Eureka 1, Los Angeles 4, Pasadena 1, Santa Monica 3, South Pasadena 1, Whittier 1, Marin County 4, San Francisco 15, Redwood City 1, San Carlos 1, Santa Barbara County 1, Santa Clara County 1, Watsonville 1.

Diphtheria

20 cases of diphtheria have been reported, as follows: Alameda County 1, Oakland 5, Glendale 1, Los Angeles 3, San Diego 3, San Francisco 1, Redwood City 1, Tulare County 3, Tulare 1, California 1.*

German Measles

15 cases of German measles have been reported, as follows: Fresno County 1, Kern County 1, Long Beach 1, Los Angeles 5, Pasadena 1, South Gate 1, Fullerton 1, Sacramento 1, San Bernardino County 1, Redlands 1, San Francisco 1.

Influenza

19 cases of influenza have been reported, as follows: Kern County 1, Los Angeles County 2, Los Angeles 8, Pasadena 2, Torrance 1, Merced County 3, Benicia 1, Stanislaus County 1.

Malaria

4 cases of malaria have been reported, as follows: Kern County 1, Ontario 1, Lodi 2.

Measles

43 cases of measles have been reported, as follows: Contra Costa County 1, Fresno County 1, Los Angeles County 6, Long Beach 1, Los Angeles 5, Pasadena 1, Santa Monica 1, South Pasadena 1, Whittier 1, Orange County 1, Fullerton 2, Ontario 1, San Diego 1, San Francisco 8, San Joaquin County 2, Tracy 2, Santa Barbara County 4, Santa Maria 1, Tulare County 1, Tulare 1, Marysville 1.

Mumps

46 cases of mumps have been reported, as follows: Alameda County 1, Berkeley 2, Reedley 1, Los Angeles 5, Pasadena 1, San Rafael 2, Monterey County 2, Orange County 1, La Habra 1, Sacramento 1, Redlands 1, San Diego 4, San Francisco 14, San Joaquin County 2, Lodi 1, Stockton 2, Santa Barbara County 1, Santa Clara County 1, Palo Alto 1, Santa Cruz 1, Modesto 1.

Pneumonia (Lobar)

10 cases of lobar pneumonia have been reported, as follows: Kern County 2, Long Beach 1, Los Angeles 1, Sacramento County 1, San Francisco 3, Santa Barbara 1, Tulare County 1.

Scarlet Fever

70 cases of scarlet fever have been reported, as follows: Oakland 2, Colusa 1, Pittsburg 1, Kern County 1, Lake County 1, Los Angeles County 4, Alhambra 1, Compton 1, Hermosa 1, Inglewood 1, Los Angeles 12, Monrovia 1, Montebello 2, Redondo 3, San Fernando 1, San Gabriel 1, Torrance 1, Gardena 1, Orange County 1, Laguna Beach 1, Sacramento 1, Chino 2, Redlands 1, San Francisco 3, Stockton 1, Tracy 3, San Mateo 1, Santa Barbara County 1, Santa Barbara 1, Santa Maria 2, Santa Clara County 3, Modesto 1, Tehama County 2, Tulare County 7, Exeter 2, Tulare 1.

Smallpox

No cases have been reported.

Typhoid Fever

13 cases of typhoid fever have been reported, as follows: Fresno 1, Los Angeles 4, Riverside County 1, Solano County 1, Tulare County 3, California 3.*

Whooping Cough

96 cases of whooping cough have been reported, as follows: Alameda 1, Oakland 1, Contra Costa County 1, Fresno County 1, Los Angeles County 8, Azusa 2, Culver City 1, Long Beach 3, Los Angeles 17, Orange County 1, Orange 1, Santa Ana 1, Placentia 2, Sacramento 6, National City 5, San Diego 14, San Francisco 9, San Luis Obispo County 13, San Mateo County 1, Santa Barbara County 1, Santa Maria 2, Santa Clara County 1, Ventura County 3, Yuba County 1.

Meningitis (Epidemic)

One case of epidemic meningitis from San Francisco has been reported.

Dysentery (Amoebic)

3 cases of amoebic dysentery have been reported, as follows: Oakland 1, San Bernardino County 2.

Dysentery (Bacillary)

15 cases of bacillary dysentery have been reported, as follows: Long Beach 2, Los Angeles 12, California 1.*

Pellagra

One case of pellagra from Los Angeles has been reported.

Poliomyelitis

72 cases of poliomyelitis have been reported, as follows: Fresno County 8, Fresno 2, Reedley 3, Kern County 1, Bakersfield 1, Los Angeles County 3, Arcadia 1, Claremont 1, Culver City 1, Los Angeles 33, Montebello 1, San Fernando 1, Santa Monica 2, Madera County 1, Madera 1, Merced County 1, Monterey 1, Orange County 1, San Bernardino County 1, San Diego 1, Palo Alto 1, San Jose 1, Sonoma County 1, Tulare County 2, Tulare 1, Marysville 1.

Tetanus

One case of tetanus from Los Angeles County has been reported.

Trachoma

5 cases of trachoma have been reported as follows: Los Angeles County 2, Pasadena 2, Sacramento 1.

Encephalitis (Epidemic)

2 cases of epidemic encephalitis have been reported, as follows: Lake County 1, Merced 1.

Paratyphoid Fever

One case of paratyphoid fever from San Diego has been reported.

Jaundice (Epidemic)

One case of epidemic jaundice from Porterville has been reported.

Undulant Fever

7 cases of undulant fever have been reported, as follows: Los Angeles County 1, Los Angeles 1, Redlands 3, Santa Maria 1, Tulare 1.

Coccidoidal Granuloma

One case of coccidoidal granuloma from Fresno County has been reported.

Septic Sore Throat (Epidemic)

One case of epidemic septic sore throat from Santa Barbara has been reported.

Relapsing Fever

One case of relapsing fever from El Dorado County has been reported.

Rabies in Animals

13 cases of rabies in animals have been reported, as follows: Los Angeles County 3, Alhambra 1, Compton 1, Long Beach 1, Los Angeles 4, Manhattan 1, Gardena 1, San Diego 1.

The necessity of insuring the health of all young people as the foundation on which to build other qualities and abilities and the hopelessness of trying to build where the body is weak, ill-nourished, or uncontrolled, is now so well recognized that it has become a commonplace. * * * Health is as important from the social point of view as from the individual, so that attention to it is doubly necessary to a successful community.—John Dewey (1915).

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*Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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